

**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

EMERGENCY FIREFIGHTER HIRING

Emergency Firefighters (EFF) must be 18 years of age to be eligible for employment. Individuals can receive crew training at age 16 or older.

The Division of Forestry (DOF) employs two categories of Emergency Firefighters (EFF) in its wildland fire program:

- Type II EFF crews
- Non-crew EFF

Type II EFF crews are hired, managed, and paid by the State of Alaska or BLM under the guidelines set forth in the Alaska Emergency Firefighter Type II Crew Management Guide. The Point of Hire Collocation Code List is found in this chapter on page 22 & 23 and the key to acronyms for this list are on page 24.

Access to Firearms

- All non-crew EFF being considered for work are required to submit a *BLM or DNR Emergency Firefighter or Casual Support Worker application* annually so hiring personnel can tell if further action is warranted based on answers provided.
- All incumbents of positions in the warehouse or as drivers are required to **annually** submit the *Qualification Inquiry – Firearm Possession* form. See pages 28 & 29.

Note: Firearms Inquiry Forms should be accompanied by the definition of “misdemeanor crime of domestic violence,” Select Portions of Title 18 United States Code – page 30.

Hours of Work

EFF are hired as temporary emergency workers in response to hazardous wildfire situations. The State does not guarantee the length of employment, working schedules, or number of hours per day. EFF crews will be paid for no less than eight hours of work per day except for the first and last day of an assignment, mandatory day off, or when being terminated. Non-crew EFF have no similar guarantee.

Timesheets and Pay - See Incident Payroll, Chapter 2.

Each I-Suite OF-288 must have a unique identifier. If necessary, add the letters A, B, C. etc., to the Form # ID for any subsequent pages to the first OF-288 a person might accrue.

EFF Employment Information

General information about the EFF program, as well as an information packet and application for non-crew positions, can be found at <http://forestry.alaska.gov/employ.htm>.

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Alaska Job Center

Different Alaska Job Center Offices throughout the state offer varying levels of assistance. DOF is responsible for coordinating with local Job Center offices to develop procedures for referring and recruiting applicants during fire season for their Area.

Non-crew EFF hires must be made through Alaska Job Center whenever possible. Area or Regional offices can hire from applications previously collected by Job Center and forwarded to Forestry in lieu of contacting Job Center first each time. All DOF offices will use a standardized employment application (BLM or DNR Emergency Firefighter or Casual Support Worker form, see page 8).

Previously employed EFF recommended for rehire with acceptable performance ratings may either be name requested from Alaska Job Center or contacted directly because of fire operational needs. Some Alaska Job Center offices only accept applications for a specific time period. Others do so constantly. Employment-related telephone inquiries from perspective non-crew EFF should be referred to the nearest Alaska Job Center Office provided the Job Center is accepting applications. If not, an application can be filled out and kept on file in case hiring needs occur.

If completed Job Center applications aren't at hand, regular job orders can be placed by phone for EFF, but minimum job qualifications and titles must be given to Alaska Job Center in order for them to provide qualified applicants.

The hiring supervisor will notify Alaska Job Center when a referral is hired from their list of applicants.

Alternate Hiring Procedures

Applications will be available at each DOF office and Alaska Job Center. Nothing in this procedure prohibits hiring of additional workers when Alaska Job Center is unavailable such as weekends, holidays, or after hours.

To support equitable hiring practices, documentation of all attempts, both successful and unsuccessful, to contact applicants by phone are recorded on their application or on a contact log, noting date, time of call, and the name of the person making the call. Logs and applications will be kept on file for 2 years by the Area or Regional Administration Office.

Requesting a Non-crew EFF

All EFF hires will be initiated and documented on a Resource Order.

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Requests for non-crew EFF will be made utilizing the List of Approved EFF Classifications (page 7) and will be submitted on a General Message Form to the State Logistics Center or respective Area Dispatch Office for processing with the following information:

- Non-crew EFF position requested
- Requirements for job (e.g., Driver must have a current driver's license)
- Name if a rehire
- Expected start date and beginning time
- Whether they need to be fully qualified or if a trainee is acceptable
- Reporting location
- Any other special instructions

State Logistics or the Area Dispatch will generate a resource order and fill the request.

Felony and Misdemeanor Convictions for Non-crew EFF

When applications reveal a misdemeanor conviction within the preceding five years, or a felony conviction regardless of the date it occurred (2 AAC 07.091), a hiring supervisor or manager may not make a job offer without DOA Human Resources' review of the conviction information and duties of the position. A hiring supervisor or manager who has knowledge of a conviction will report the information to Human Resources at the time of EFF hiring need.

Classification of EFF

Anyone not fully qualified is considered a trainee, and will be paid one level lower than a fully ICS-qualified individual.

Applicants will be hired and paid at the appropriate EFF classification according to the current List of Approved EFF Classifications (page 7). Hiring offices will work with their Regional Administration Officers to determine appropriate pay rate of EFF positions not shown on the List of Approved EFF Classifications. If the work assignment changes, the worker's classification and pay will be appropriately changed to reflect the new duties. Any incidental changes in assignment that cause a rate change must be documented on the crew time report. Permanent or long term changes require a new resource order.

At no time will an EFF, regardless of length of service or qualifications, be paid at a higher rate than the assigned work requires.

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EFF Hiring Paperwork

FORM

Personnel Action – Emergency Firefighter
Designation of Beneficiary*
W-4
I-9 (Employment Eligibility Verification)
Conditions of Hire for Emergency Firefighters
SSN Verification Form**
Nepotism Waiver

Blood-borne Pathogens
OF-288 (Emergency Firefighter Time Report)

FREQUENCY

Once per season and any address change
Once per season unless changes occur
Once a year
Once, with re-certification annually
Once per season (maintain at hiring office)
Once a year
Only if non-crew EFF is related to a regular
DNR employee or another non-crew EFF
Once per season (hand out)
This is kept current for entire time the
individual is under hire

* If primary and contingent beneficiary are listed, **each** must total 100%.

** Only needed if no copy of SS card is provided.

USE LEGAL NAMES, NOT NICKNAMES, ON FORMS.

Nepotism

If a non-crew EFF is related to a DNR employee or another non-crew EFF, then the following procedure is required:

1. BEFORE offering the position, get verbal approval from the Area Forester for Area employees, State Support Forester for Warehouse/SLC positions, and Regional Forester for Regional positions.
2. Fill out Request for EFF Nepotism Waiver form (see example on page 27).
3. Area Forester or Unit Supervisor signs the form.
4. They immediately forward the form to the Regional Administrative Officer.
5. Regional Administrative Officer forwards the form to the Regional Forester or DOF Management Team Member in the supervisory chain for approval within three days of hire.
6. If denied, the Regional Administrative Officer or Regional Forester will notify the Area/Unit they must terminate the EFF immediately.

Picture ID: Individuals must have a picture ID issued by a state or federal government entity in their possession at the time of hire and for the duration of the assignment.

Red Card: Individuals must possess a current Interagency Red Card if one is required for the position being hired. Check the Red Card for currency, an approved signature, and appropriate fitness and work qualifications.

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Inability to Perform Duties: If it appears that because of illness, injury, or disorientation, an EFF's ability to do their job may be compromised, the hiring office Dispatch Coordinator should be notified immediately.

Crew Hiring

The following items are needed in addition to those listed previously when hiring a crew:

- Passenger and Cargo Manifest (See example SOA form 10-3138 on page 25)
- Crew Time Report (CTR) book given to Crew Boss or Crew Representative
- OF-288's with headers completed and time started are given to Crew Boss or Crew Representative

Additional Notes on Crew Hiring

If there are less than 16 people in the crew, notify dispatch and determine if the crew will still be needed. Make sure each individual is wearing serviceable 8" leather lace-up boots.

Begin the crew's time from when they were ordered to standby at the airstrip or pickup point regardless of when transportation actually arrives to pick them up. The Crew Boss, or occasionally a Squad Boss, may have additional time on the CTR because of extra duties associated with crew management.

Match up SSN's on the EFF time report and all other hiring paperwork. The hiring official is responsible for the hiring forms reaching the administrative unit in the hiring Area. The Crew Boss or Crew Representative is responsible for getting the time reports, CTR book, and Passenger and Cargo Manifest to the incident Finance Section, or when applicable, to the Area Office.

Distribution of Hiring Paperwork

Route the original hiring paperwork to the Regional Administration office immediately after making a copy for the Area Office. Do not wait until the end of a pay period.

State Hiring Paperwork: Review and forward originals or scan to appropriate Region.

Coastal Region
Division of Forestry
101 Airport Road
Palmer, AK 99645
Phone 907-761-6205

Northern Region
Division of Forestry
3700 Airport Way
Fairbanks, AK 99709
Phone 907-451-2665

Regional Administration offices will audit hiring packets before forwarding them on to the Payroll office.

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Termination of Assignment or Employment Due to Documentation Insufficiencies

Termination of employment for non-crew EFF will occur for:

- Failure to obtain approval of a nepotism waiver
- Failure to submit a nepotism waiver within 3 days of hire

Termination of employment for any EFF will occur for:

- Failure to submit ID/documents for I-9 verification within 3 days of hire
- Just cause

AFS Hiring Paperwork:

Alaska Fire Service
P.O. Box 35005
Fort Wainwright, Alaska 99703-0005
Attention: Financial Services
Phone 907-356-5781 or 907-356-5780

2011 LIST OF APPROVED EEE CLASSIFICATIONS

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2011 - Fairbanks Job Center Application - 2011
BLM or DNR Emergency Firefighter or Casual Support Worker**

Note to Applicant: You are applying for emergency work with BLM or DNR. If hired you must comply with the provisions of the 1986 Immigration Control Act and you are expected to possess and show documentation supporting your legal right to work in the United States. **Income taxes are withheld from pay. Earnings do not qualify for unemployment benefits.**

PERSONAL INFORMATION: Print Name and Address below. List all contact telephone numbers.

Last Name:	First Name:	MI:	Phone #:
Mailing Address:			Message or Cell #:
City:	State:	Zip:	Social Security Number (optional):

SCREENING QUESTIONS: Answer the following questions YES or NO by circling the appropriate response.

1. Are you currently a BLM or State of Alaska employee?	YES	NO	7. Are you a Veteran of the Armed Forces of the United States?	YES	NO
2. Are you related to any current BLM or State of Alaska, Division of Forestry employee?	YES	NO	8. Are you an active duty member of the Armed Forces of the United States?	YES	NO
3. Have you ever been convicted of a felony?	YES	NO	9. Are you available for field assignment for up to 14 days?	YES	NO
4. Have you been convicted of a misdemeanor within the past five years?	YES	NO	10. Do you have a valid Alaska Drivers' License?	YES	NO
5. Are you at least 18 years of age?	YES	NO	11. Do you have a current Commercial Drivers' License? If YES, list endorsements _____	YES	NO
6. Do you have a current Interagency Qualification Card (Red Card)?*	YES	NO			

JOB INTERESTS: What kind of work are you available for? Pick three; number them in order of preference (1, 2, 3) in box on the right.

Administrative/Office		Dispatcher/Teletype Operator		Motor Vehicle Operator	
Aircraft Fueler		Firefighter * (Must have Red Card)		Radio Operator	
Barracks Worker		Food Service Worker		Ramp Specialist	
Carpenter		Forklift Operator		Timekeeper	
Clerk/Typist		Laborer		Warehouse Worker	
Cook		Maintenance Mechanic		Other (list)	

EXPERIENCE AND TRAINING: Describe job experience, training and fire classes which qualify you for the jobs you listed above.

Job Experience/Training	Supervisor/Telephone Contact	Dates Worked (MO/YR)
1.		
2.		
3.		

By my signature below, I certify that the above information is true and complete to the best of my knowledge. I understand that if I deliberately conceal or enter false information on this form, that my name may be removed from eligibility or that I may be removed from my job; that the information in this application may be released in an investigation; and that for the purpose of this certification, a photocopy of my original signature shall have the same force and effect as my original signature. I understand that an official DMV print-out of my driving record may be required if I am offered a job. I agree that BLM, the State of Alaska, or its agents, may contact current or former employers or other persons who know me in order to obtain additional information. I understand this application is not an offer or guarantee of hiring or employment.

APPLICANT SIGNATURE _____ **DATE** _____

*****Agency Use Below*****

DNR RED CARD, SAFETY TRAINING AND FITNESS TESTING INFORMATION:	Has Applicant ever had a Red Card? YES NO	Tested by: _____	Issued by: _____	Date: _____
	Fireline Safety Refresher? YES NO	Given by: _____	Location: _____	Date: _____
	Fitness Level Required: _____	"Pack Test" Time: _____	1.5 Mile Run Time: _____	Date: _____

JOB CENTER CONTACT INFO AND DATE:
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PERSONNEL ACTION - EMERGENCY FIREFIGHTER**

SSN: <u>(1) 200-00-0002</u>		(2) New Hire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Change of Address															
Name: <u>(3) Argali Z Caprine</u>		(4) <input type="checkbox"/> Crew <input checked="" type="checkbox"/> Single Resource															
Date of Birth: <u>(5) 4/1/1945</u>		(6) Are you at least 18 years of age? <input checked="" type="checkbox"/> Yes															
Home Phone: <u>(7) 907-111-1111</u>		(8) Are you a State Employee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
[] Married <input checked="" type="checkbox"/> Single <u>(9)</u>		(10) Are you related to a DNR State Employee or non-crew EFF? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
Address for Paycheck: <u>Box 27</u> <u>McGrath, AK 99627</u>		(12) Same address for W-2? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No" please fill in:															
(11)		(13)															
RACE/ETHNIC ORIGIN/SEX DATA		EMERGENCY CONTACT INFO (14)															
Check where appropriate: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Male</td> <td style="width: 33%;">Female</td> </tr> <tr> <td>White (T) _____</td> <td>(H) _____</td> </tr> <tr> <td>Black (O) _____</td> <td>(C) _____</td> </tr> <tr> <td>Hispanic (S) _____</td> <td>(E) _____</td> </tr> <tr> <td>Asian or Pacific Islander (L) _____</td> <td>(B) _____</td> </tr> <tr> <td>American Indian (K) <input checked="" type="checkbox"/></td> <td>(A) _____</td> </tr> <tr> <td>Alaska Native (P) _____</td> <td>(D) _____</td> </tr> </table>		Male	Female	White (T) _____	(H) _____	Black (O) _____	(C) _____	Hispanic (S) _____	(E) _____	Asian or Pacific Islander (L) _____	(B) _____	American Indian (K) <input checked="" type="checkbox"/>	(A) _____	Alaska Native (P) _____	(D) _____	Name: <u>Joe Fire</u> Address: <u>Box 0</u> <u>McGrath, AK 99627</u> Phone #: <u>907-111-1112</u> Name: <u>Lee Xander</u> Address: <u>Box 600</u> <u>McGrath, AK 99627</u> Phone #: _____	
Male	Female																
White (T) _____	(H) _____																
Black (O) _____	(C) _____																
Hispanic (S) _____	(E) _____																
Asian or Pacific Islander (L) _____	(B) _____																
American Indian (K) <input checked="" type="checkbox"/>	(A) _____																
Alaska Native (P) _____	(D) _____																
CONDITION OF HIRE AND BLOODBORNE PATHOGEN ACKNOWLEDGMENT																	
I have read, or had read to me, and understand the documents noted in items I and II listed below: I. State of Alaska - Division of Forestry's Conditions of Hire; and I agree to abide by them throughout the duration of employment, and II. State of Alaska brochure entitled "Protecting Employee from Hepatitis A Virus, Hepatitis B Virus, and Human Immunodeficiency Virus; and realize that by doing so, I have fulfilled the Level I training requirement of the Bloodborne Pathogens Exposure Control Plan.																	
(15) <u>Argali Z Caprine</u>		(16) <u>5/1/xx</u>															
Signature of EFF Employee		Date															
(17) <u>Karen Smith</u>		(18) <u>5/1/xx</u>															
Signature of Witness (Hiring Person)		Date															
TO BE COMPLETED BY HIRING PERSONNEL:																	
EFF Hire Date: <u>(19) 5/1/xx</u>																	
Job Title: <u>(20) Field Observer</u>																	
Point of Hire Collo Code: <u>(21) 10317131</u>																	
Crew Name (If applicable): <u>(22)</u>																	
3 Letter Designator: <u>(23) FAI</u>		(3-letter code)															
EFF Type - Check One:		Pay Rate - Check One:															
Crew Member <u>(24)</u>	EFF 1 _____	(25)	EFF 7 _____														
Squad Boss _____	EFF 2 _____		EFF 8 _____														
	EFF 3 _____		EFF 9 _____														
	EFF 4 _____		EFF 10 _____														
	EFF 5 _____		EFF 11 _____														
Crew Boss _____	EFF 6 <input checked="" type="checkbox"/>		EFF 12 _____														
Other <input checked="" type="checkbox"/> <u>(26)</u>			EFF 13 _____														
3/11/2011		HR Staff - Input By: _____															

To be filled out by Area:
 Reviewed by (initials): K.S.
 Date sent to Region: 5/1/xx

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INSTRUCTIONS FOR PERSONNEL ACTION-EMERGENCY FIREFIGHTER

1. SSN: Make sure it matches on all paperwork.
2. Always mark "New Hire" the first time the EFF Personnel Action (PA) is done each season.
3. Name: Make sure you include Jr., Sr., or other designation.
4. Hired as crew or single resource.
5. Date of Birth: Verify 18 years of age.
6. Must be at least 18 years old.
7. Home Phone: Village phone, cell phone, or contact phone may be used.
8. Are you a State Employee? If the answer is yes, immediately contact the Regional Admin Assistant so they can determine if the hire will be approved.
9. Married or single.
10. For non-crew EFF only: If answer to this question is "yes", a request for EFF Nepotism Waiver form must be filled out.
11. Where paycheck should be mailed.
12. If not the same as paycheck, you must provide address where your W-2 should be sent.
13. Race/Ethnic Origin/Sex Data (OPTIONAL): This is used for statistical data only.
14. Emergency Contact Information: Include 2 contacts when possible.
15. Employee Signature: Employee signs here to acknowledge Conditions of Hire for Emergency Firefighters and the brochure "Protecting Employees From Hepatitis A Virus, Hepatitis B Virus and Human Immunodeficiency Virus" have been read and understood.
16. Date of employee signature.
17. Witness or Hiring Person: Must be signed.
18. Date of Witness Signature.
19. Date of Hire
20. Job Title: Must be from the EFF Classification List. Exceptions must be requested through the Regional Admin and approved by the Regional FMO.
21. Point of Hire Collo Code: Each Point of Hire is assigned a collocation code, see pages 22 & 23.
22. Crew Name, (if applicable): See the Designated Interagency EFF Crew list on pages 22 & 23 of this chapter.
23. 3 Letter Designator: Generally the 3 letter airport designator for the EFF's point of hire.
24. EFF Type: Check only one.
25. EFF Pay Rate: Must match EFF type and qualifications.
26. Other: Check when hiring non-crew EFF.

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**STATE OF ALASKA
DESIGNATION OF BENEFICIARY FOR UNPAID COMPENSATION**

This form names the people you want to receive unpaid wage compensation in the event of your death. It can also be used to change those names at any time. Your wishes may not be carried out as intended, if the form is not completed correctly.

You are responsible for this form being received in your Human Resources Technical Service Group or Agency. You may also forward this form to Dept. of Administration, Division of Finance, Payroll Section, PO Box 110204, Juneau AK 99811-0204.

Employee Name Argali Caprine Department Natural Resources
Employee SSN 200-00-0002 Date of Birth 4/1/1945

☒ INITIAL AUTHORIZATION

☐ CHANGE

PRIMARY BENEFICIARY (IES)		CONTINGENT BENEFICIARY (IES)	
Name <u>Valerius Geist</u>		Name <u>Velva Brethouwer</u>	
Address <u>Box 1573</u>		Address <u>316 So. Morlan</u>	
City, State, & Zip Code <u>Cranbrook, BC</u>		City, State, & Zip Code <u>Holyoke, CO 72116</u>	
Relationship <u>Uncle</u>	Percentage <u>50%</u>	Relationship <u>Aunt</u>	Percentage <u>50%</u>
Name <u>Tony Smith</u>		Name <u>Gray Thornton</u>	
Address <u>1098 Equine Dr.</u>		Address <u>112 Allen Ave</u>	
City, State, & Zip Code <u>Yakima, WA 99127</u>		City, State, & Zip Code <u>Cody, WY 81217</u>	
Relationship <u>Cousin</u>	Percentage <u>50%</u>	Relationship <u>Cousin</u>	Percentage <u>50%</u>
Name		Name	
Address		Address	
City, State, & Zip Code		City, State, & Zip Code	
Relationship	Percentage	Relationship	Percentage
DOB if Minor		DOB if Minor	
Name		Name	
Address		Address	
City, State, & Zip Code		City, State, & Zip Code	
Relationship	Percentage	Relationship	Percentage
DOB if Minor		DOB if Minor	
TOTAL PRIMARY PERCENTAGE % MUST EQUAL		TOTAL CONTINGENT PERCENTAGE % MUST EQUAL	
100%		100%	

Employee Signature <u>Argali Caprine</u>	Date <u>5/27/0x</u>	Witness <u>Steve Bethune</u>	Date <u>5/27/0x</u>
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INSTRUCTIONS

1. You may designate one primary beneficiary who would be the sole beneficiary.
2. You may designate primary beneficiary(ies) and contingent beneficiary(ies). Primary beneficiaries receive the benefit first if you die. Contingent beneficiaries receive the benefit if the primary beneficiary has died.
3. You may designate any number of beneficiaries to share in any manner you wish. Please designate the percentage to pay each beneficiary. The total percentage of all Primary beneficiaries must equal 100% and the total of all Contingent beneficiaries must equal 100%. List each name separately; attach additional forms if necessary.
4. If you are designating a minor (under 18 yrs of age) as your beneficiary, you must add the minor's date of birth (DOB).
5. Should you wish to change or alter your designation of beneficiary, be sure to complete a new form in its entirety.
6. This form must be witnessed by someone who can verify your identity and who is not your beneficiary.

Return this completed form to your Human Resource Technical Service Group (TSG) or Agency, or you may send it directly to Dept. of Administration, Div. of Finance, Payroll Section, PO Box 110204, Juneau AK 99811-0204.

FORM DBUNCP

Rev. 3/2004

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Form W-4 (2011)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	
B	Enter "1" if: <div style="display: inline-block; vertical-align: top; width: 80%;"> <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. </div>	B	
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children	G	
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) H ▶ H For accuracy, complete all worksheets that apply. <div style="display: inline-block; vertical-align: top; width: 80%;"> <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. </div>		

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	Employee's Withholding Allowance Certificate ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold;">2011</div>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5	
6 Additional amount, if any, you want withheld from each paycheck	6	\$
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7		

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature

(This form is not valid unless you sign it.) ▶

Date ▶

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)
---	--------------------------	---

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form **W-4** (2011)

ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK

OMB No. 1615-0047; Expires 08/31/12

Department of Homeland Security
U.S. Citizenship and Immigration Services

**Form I-9, Employment
Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)			Apt. #
City			State
Zip Code			Date of Birth (month/day/year)
			Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (see instructions)
- ☐ A lawful permanent resident (Alien #) _____
- ☐ An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature _____ Date (month/day/year) _____

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature _____	Print Name _____
Address (Street Name and Number, City, State, Zip Code) _____	
Date (month/day/year) _____	

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____	OR	_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative _____	Print Name _____	Title _____
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) _____		Date (month/day/year) _____

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name (if applicable) _____	B. Date of Rehire (month/day/year) (if applicable) _____
-----------------------------------	--

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented a document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative _____		Date (month/day/year) _____

Form I-9 (Rev. 08/07/09) Y Page 4

**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A Documents that Establish Both Identity and Employment Authorization		LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
OR		AND	
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
			2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa			4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		3. School ID card with a photograph	5. Native American tribal document
		4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form		5. U.S. Military card or draft record	6. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card	
		7. U.S. Coast Guard Merchant Mariner Card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		9. Driver's license issued by a Canadian government authority	8. Employment authorization document issued by the Department of Homeland Security
		For persons under age 18 who are unable to present a document listed above:	
		10. School record or report card	
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Form I-9 (Rev. 08/07/09) Y Page 5

Only Fill Out If SSN Card is Missing

Certification of Name and Social Security Number

The State of Alaska is required by the Social Security Administration to hire employees using the SSN and name as it appears on the employee's SSN card.
(IRS Publication 15, Circular E, Employer's Tax Guide)

In the absence of my social security number card, I do hereby certify that my name and SSN appear on my SSN card as follows:

Social Security Number

Printed name as it appears on SSN card Date

Signature Date

Department Witness Date

**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

DEPARTMENT OF INTERIOR
BUREAU OF LAND MANAGEMENT
ALASKA FIRE SERVICE

STATE OF ALASKA
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY

**CONDITIONS OF HIRE
FOR
EMERGENCY FIREFIGHTERS**

1. You are being hired as an emergency firefighter (EFF) by an agency of the U.S. Government or the State of Alaska. These agencies are referred to in this document collectively as the "Government". Procedures or policies that refer to either the federal or state agencies are specifically addressed. The work is hard and shifts often exceed 12 hours. Prompt compliance with your supervisor's instructions at all times is essential and mandatory. You must be at least 18 years old and in good physical health (a physical examination may be required at the discretion of your supervisor). Close living conditions in incident camps require personal cleanliness. Personal hygiene must meet standards set by your supervisor, particularly your hair, which must be maintained in such a way that a safety hat can be properly worn.
2. Disclosure of your Social Security Number (SSN) or an Individual Taxpayer Identification Number (ITIN) is mandatory. The U.S. Government requires a SSN for U.S. citizens or an ITIN for non-U.S. citizens. You will be ineligible for employment with the State if you fail to provide your SSN. The SSN is the primary reference for the gathering of earnings data in connection with lawful requests from other agencies (Internal Revenue Service or State agencies). The hiring agency alone has direct access to this information. SSN use is necessary because another individual may have a name identical to yours. Always provide **YOUR FULL LEGAL NAME** on your hiring documents, not nicknames.
3. You must have a current valid Government issued picture identification card (ID card) in your possession at the time of hire and for the duration of the assignment. Tribal or village/regional corporation ID card is not acceptable for travel purposes. You must also have documents that meet federal I-9 requirements to be hired.
4. Standard length for each assignment is 14 days, exclusive of travel time; however, this is not a guarantee of employment. The hiring agency or incident organization may release you at any time.
5. You are required to bring a sufficient supply of all necessary prescription medication for each incident assignment. Notify your regular Government supervisor of any potential life threatening medical conditions, i.e., allergic reactions to bee stings.
6. You will be paid at an hourly rate. The Office-in-Charge will advise you of the salary rate for your position.
7. Income tax will be withheld from your check. All pay as an EFF must be included as gross income for Federal Income Tax purposes. You may have to report it on your state income tax report, if applicable, in accordance with state instructions.
8. You will be given the opportunity to complete federal income tax withholding forms. Failure to complete the W-4, Employee's Withholding Allowance Certificate, will result in federal income tax withheld at the default tax rate (the highest withholding rate).
9. Alaska does not have a state income tax. If you wish income tax withheld for another state, you must provide the proper state income tax form to the Officer-in-Charge.
10. The U.S. Government will provide you the opportunity to complete a W-5, Earned Income Credit Advance Payment Certificate (EIC). EIC reduces the amount of tax you will owe, if you are eligible.
11. When you sign your time report, you are agreeing it is correct. Do not sign the report until you agree! Keep your time sheet copy until you are paid.
12. You can expect to receive payment within three to four weeks after the end of your employment period. The State of Alaska will mail your check to the address you provide on your hiring paperwork. Federal payments will be made either by Direct Deposit (if you complete the sign-up form) or Treasury check mailed to your address of record.
13. You are required to bring your own personal items to and from the incident in a single bag. The total weight of your bag cannot exceed 45 pounds for the entire duration of the assignment. Radios, "boom boxes," or other electronic gear must not exceed one pound. Individuals exceeding the personal gear weight limitation must leave excess weight items behind. The Government will not be responsible for these items. MINIMUM clothing requirements are listed in the Emergency Fire Fighter Crew Management Guide, Section IV.B.2.a-h.
14. When you are hired for incident assignment, whether or not you may be restricted to an incident camp or staging area is at the discretion of the Incident Commander, or local, regional, or agency policy. Your pay status will be determined by the Officer-in-Charge following Interagency Incident Business Management Handbook and/or the Alaska Incident Business Management Handbook, and the Emergency Firefighter Crew Management Guide.

**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

15. Whenever the Officer-in-Charge decides it is necessary, the Government will furnish your meals and lodging without cost. You will not receive reimbursement for meals or lodging that you purchase, meals you do not accept, or when the Government is temporarily unable to furnish meals or lodging.
16. The Government will provide or pay for necessary transportation from the point of hire to the work location. The Government will also provide or pay for transportation back to the point of hire unless you are discharged for cause, quit without a good reason, or deviate your travel.
17. The cost of anything you buy from the commissary will be deducted from your check. The Officer-in-Charge may suspend your commissary privileges if purchases exceed wages earned, less tax withholding. Commissary purchases are included in your 45 pound weight limitation.
18. Designated Government property (such as hard hats, tools, sleeping bags, tents, nomex clothing, etc.) issued to you must be returned. If they are lost, destroyed, or left in bad condition, the cost of them may be deducted from your check.
19. Report any damage to or loss of your personal property to your supervisor before you leave the incident camp. The Government assumes no responsibility for loss of personal items not needed for incident assignment. Reimbursement may be limited to predetermined maximum dollar amounts per item.
20. The Incident Commander may approve paid days off for personnel assigned at the incident. During paid days off periods, the Crew Boss will remain in charge. You are obligated to adhere to any conditions that have been established governing paid days off situations. EFF are not entitled to paid days off at their point of hire.
21. Possession of firearms, marijuana, illegal drugs, and illegal use of a controlled substance is prohibited. Possession or any evidence of usage constitutes grounds for immediate discharge.
22. Possession, use, and/or being under the influence of intoxicating beverages while in pay status constitutes grounds for immediate discharge.
23. If you are fired, or you quit without good reason before your scheduled demobe, your pay will stop immediately. Additionally, the Interagency Resource Representative or Incident Commander will determine whether or not the Government will provide transportation back to the point of hire or pay you for this travel time. If not, you will be responsible for these transportation costs and/or the costs of personal needs during the waiting time.
24. If you are on active duty with the Armed Forces (Army, Air Force, Navy, Marine Corps, or Coast Guard) you are ineligible for U.S. Government EFF work. If you are on active duty with the Alaska National Guard you are ineligible for State of Alaska EFF work.
25. If you sustain an injury or become sick, report to your supervisor immediately.
26. THE U.S. GOVERNMENT AND THE STATE OF ALASKA ARE EQUAL EMPLOYMENT OPPORTUNITY EMPLOYERS. Unlawful discrimination or any kind of harassment will not be tolerated. (This includes behavior such as making threats, abusive language, slurs, unwelcome jokes, teasing, and other such verbal or physical conduct.) Creating a hostile work environment will not be condoned. (This includes verbal or physical conduct of a sexual nature, making unwelcome sexual advances or requests for sexual favors, and unreasonably interfering with the work of others.)

I have read, or had read to me, and understand, the State of Alaska Exposure Control Plan, the Bureau of Land Management Exposure Control Plan, or the brochure entitled "Protecting Employees from Hepatitis A Virus, Hepatitis B Virus, and Human Immunodeficiency Virus" and realize by doing so I have fulfilled the Level 1 training requirement of the Blood-borne Pathogens Standard.

I have been provided the opportunity to complete income tax withholding forms.

I have read, or had read to me, and understand the above conditions and upon signing below, agree to abide by said conditions for the duration of this calendar year.

<u>Argali Caprinae</u>	<u>Argali Caprinae</u>	<u>200-00-0002</u>
EFF'S PRINTED NAME	EFF'S SIGNATURE	SOCIAL SECURITY NUMBER
<u>Steve Bethune</u>	<u>Steve Bethune</u>	<u>5/27/0x</u>
HIRING OFFICIAL'S PRINTED NAME	HIRING OFFICIAL'S SIGNATURE	DATE

AK-300-1346-16 (4/04)

ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK

STATE OF ALASKA



PROTECTING EMPLOYEES FROM

HEPATITIS A VIRUS
HEPATITIS B VIRUS
AND
HUMAN
IMMUNODEFICIENCY
VIRUS

Rev. 01/2011

HEPATITIS B VACCINATIONS

The Occupational Safety and Health Administration requires employers to offer Hepatitis B vaccinations to employees who may be occupationally exposed to potentially infectious materials. The vaccinations come in the form of three vaccinations: an initial, a second after 30 days, and the final one six months after the initial vaccination.

If you receive an exposure to blood-borne pathogens, the DOF/BLM-Alaska will offer the vaccinations at no cost to employee or volunteers through an appointed medical facility. The vaccinations protect personnel from Hepatitis B, the most serious form of hepatitis.

Symptoms of Hepatitis B include fatigue, mild fever, muscle or joint aches, nausea, vomiting, loss of appetite, and sometimes diarrhea. Should you choose to decline the vaccination, you will be asked to sign a "Hepatitis B Vaccine Refusal Form" for the records. Should you decide at a later date that vaccination is in your best interest, DOF/BLM will provide the vaccination.

WHAT-TO-DO IF YOU ARE EXPOSED (ON THE JOB) TO HUMAN BLOOD OR BODY FLUIDS:

- * **IMMEDIATELY** report the exposure to your supervisor.
- * Medical evaluation and follow-up will be provided at no cost to you.
- * Medical evaluation, with your consent, will include a blood test to determine infectiousness.
- * Medical findings and evaluation are confidential.
- * Complete the following forms and give to your supervisor:
 - 1) Report of Occupational Injury or Illness (02-921)
 - 2) Employee's Statement (BBP)
 - 3) Health Care Provider Report of Post-Exposure Evaluation (BBP)
 - 4) Exposure Incident Record (BBP)The Supervisor fills out the Supervisor's Accident Investigation Report (02-932)

**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

SAFE WORK PRACTICES

1. Administering First Aid/CPR

- * Always protect yourself through the use of a barrier kit (gloves, goggles, and one-way mouthpiece). Crewbosses and overhead personnel should always carry these when in the field.
- * Use disposable equipment and devices only once, then dispose properly.
- * Disinfect reusable equipment after each use.

2. Potential Exposure to Hepatitis A via Human Feces.

- * Always use personal protective equipment.
- * Always wash your hands thoroughly after removing gloves.
- * Disinfect any contaminated hand tools or equipment.

3. Handling / Disposal of Hypodermic Needles/Syringes.

- * Do not pick up these items by hand. Always use a litter grabber, pliers, or tongs to avoid direct contact. Pick up away from point.
- * Always wear proper gloves as an added precaution, even when using a litter grabber, pliers, etc.
- * Treat all medical instruments (needles/syringes) as medical waste and label as a biohazard.
- * Never use hands or feet to crush garbage. Do not hold garbage bags against legs or torso for any reason.

4. Handling Used Condoms and Feminine Hygiene Products

- * Do not pick up by hand; always use a litter grabber or tongs, etc.
- * Always use appropriate gloves as an added precaution, even when using pickup devices.

5. Camp Life

- * Avoid sharing utensils, bottles and cups with others.
- * Always wash hands prior to entering any Fresh Food boxes or cooking areas.
- * Use chlorinated lime to cover latrines. Make wash basins available in camp areas and latrine sites.

Reviewed 01/2011

Division of Forestry/Bureau of Land Management employees and volunteers perform a variety of tasks such as handling refuse, coming in contact with blood on work surfaces, or giving first aid that may expose them to potentially infectious materials. Exposure to Human Immunodeficiency Virus and Hepatitis A or B can be minimized if precautions are taken by the employee and the employer.

HUMAN IMMUNODEFICIENCY VIRUS (HIV) is transmitted through sexual contact, contact with human blood or other body fluids, or contact with contaminated needles/syringes. HIV is the disease that can lead to AIDS.

HEPATITIS A VIRUS (HAV) is transmitted through contact with an infected person's feces or indirect fecal contamination of food, water supply, or raw shellfish. It has been known to be transmitted through urine, semen, and tears. Hands and utensils may carry sufficient amounts of the virus to enter the mouth to cause infection. The Interior or Bush communities in Alaska commonly experience outbreaks. Onset may occur in the fall, but is most common in the winter throughout the United States.

Protection for employees who may be occupationally exposed to Hepatitis A through exposure to human feces shall include safe work practices, personal protective equipment, employee awareness, and Hepatitis A vaccination based on current job assignment.

HEPATITIS B VIRUS (HBV) is transmitted to a person through sexual contact, blood transfusions, or contact with human blood, contaminated needles or body fluids (such as joint and lung fluids), or from mother-to-child during the third trimester or at birth.

Protection for employees who may be occupationally exposed to Hepatitis B and HIV through exposure to potentially infectious materials shall include training, safe work practices, personal protective equipment, Hepatitis B vaccinations, housekeeping (laundry, cleanup of blood or body fluids), medical surveillance (physician examination, testing and follow-up), and record keeping.

0-72

*Equipment rentals must be supported with OF-294 and OF-297

NSN 7540-01-124-7633

OPTIONAL FORM 288 (Rev. 3/83)
USDA/USDI
50288-102



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**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

Instructions for Emergency Firefighter Time Report (OF-288)

Block 1: Identification Number: Enter the person's Resource order number above Block 1. (C-# for Crew Personnel, O-# for Overhead Personnel). If using I-Suite, make sure each page has a unique #.

Block 2: SSN: Make sure this number matches all other (hiring) paperwork.

Block 3: Initial Employment: Mark "yes" if this is the first time they have worked for DOF this season.

Block 4: Type of Employment: EFF are "Other" employees. Write "State EFF."

Block 5: Transferred From: Leave blank.

Block 6: Point of hire: Town/village where the individual was hired (3-letter designator, e.g. BIG, PAQ, MCG. The State of Alaska is responsible for returning the employee to the point of hire.)

Blocks 7-9: Not normally filled out at time of hire.

Blocks 10-19: Self-explanatory.

Block 20.1: Enter the State fire number. Do not include the collocation code.

Block 20.2: Enter the fire name. On federal fires enter Incident Order #.

Block 20.3: Leave blank.

Block 20.4 and 20.5: Enter the nearest town/village.

Block 20.6 and 20.7: Enter the EFF classification and pay rate from list on page 7.

Block 20.8a: Enter year. Two digits are sufficient.

Block 20.8b-f: All EFF time reports are done in military time.

See Payroll Chapter 2 for recording time and closing out the OF-288.

**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

POINT OF HIRE COLLOCATION LIST

<u>LOCATION</u>	DESIGNATED CREW	3-LETTER CODE	DOF CREW CC	ADMIN OFFICE	AGENCY	# OF CREWS
Allakaket/Alatna	Y	6A8		TAD	AFS	2
Ambler	Y	AFM		GAD	AFS	1
Anchorage	N	ANC	10317030	MSS	DOF	
Aniak	Y	ANI	10317032	SWS	DOF	1
Arctic Village	Y	ARC		UYD	AFS	
Beaver/Stevens	Y	WBQ		UYD	AFS	1
Buckland	Y	7K5		GAD	AFS	1
Chevak	Y	VAK	10317034	SWS	DOF	2
Copper River	Y	Z93	10317037	CRS	DOF	2
Delta	Y	BIG	10317038	DAS	DOF	2
Dillingham	N	DLG	10317435	SWS	DOF	
Eagle	Y	EAA		UYD	AFS	2
Fairbanks	Y	FAI	10317131	FAS	DOF	4
Ft. Yukon	Y	FYU		UYD	AFS	3
Galena	Y	GAL		GAD	AFS	1
Grayling	Y	KGX		GAD	AFS	1
Haines/Juneau	N	JNU	10317134		DOF	
Holy Cross	Y	HCA		GAD	AFS	1
Homer	N	HOM	10317135	KKS	DOF	
Hooper Bay	Y	HPB	10317136	SWS	DOF	3
Hughes	Y	HUS		TAD	AFS	1
Huslia	Y	HLA		GAD	AFS	2
Kalskag, Lower	Y	KLG	10317139	SWS	DOF	1
Kalskag, Upper	Y	KLG	10317337	SWS	DOF	1
Kaltag	Y	KAL		GAD	AFS	2
Kenai	N	ENA	10317437	KKS	DOF	
Kiana	Y	IAN		GAD	AFS	2
Koyuk	Y	KKA		GAD	AFS	1
Koyukuk	Y	KYU		GAD	AFS	1
Marshall	Y	MLL		GAD	AFS	1

**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK
POINT OF HIRE COLLOCATION LIST (CONTINUED)**

<u>LOCATION</u>	DESIGNATED CREW	3-LETTER CODE	DOF CREW CC	ADMIN OFFICE	AGENCY	# OF CREWS
McGrath	N	MCG	10317230	SWS	DOF	
Mentasta	Y	MEN	10317231	TAS	DOF	1
Minto	Y	51Z		TAD	AFS	1
Mt. Village	Y	MOU		GAD	AFS	1
Nenana	Y	ENN	10317232	FAS	DOF	1
New Stuyahok	Y	KNW	10317431	SWS	DOF	1
Nikolai	Y	5NI	10317233	SWS	DOF	1
Nondalton	Y	5NN	10317234	SWS	DOF	1
Noorvik	Y	ORV		GAD	AFS	2
Northway	Y	ORT	10317236	TAS	DOF	2
Nulato	Y	NUL		GAD	AFS	2
Palmer(Mat-Su)	Y	PAQ	10317237	MSS	DOF	1
Pilot Station	Y	PST		GAD	AFS	1
Ruby	Y	RBV		GAD	AFS	1
Scammon Bay	Y	SCM	10317430	SWS	DOF	1
Selawik	Y	WLK		GAD	AFS	2
Shageluk	Y	SHX	10317239	SWS	DOF	1
Shungnak	Y	SHG		GAD	AFS	1
Slana	N	GKN	10317235	TAS	DOF	
Sleetmute	Y	SLQ	10317330	SWS	DOF	1
Soldotna	N	ENA	10317437	KKS	DOF	
St. Marys	Y	KSM		GAD	AFS	1
St. Michael	Y	5S8		GAD	AFS	1
Stebbins	Y	WBB		GAD	AFS	2
Tanacross	Y	TSG	10317332	TAS	DOF	1
Tanana	Y	TAL		TAD	AFS	1
Tetlin	Y	3T4	10317333	TAS	DOF	1
Tok	Y	6K8	10317334	TAS	DOF	1
Venetie	Y	VEE		UYD	AFS	2

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AFS Areas:

GAD - Galena Zone, Galena
TAD - Tanana Zone, Tanana
UYD - Upper Yukon Zone, Fairbanks

DOF Areas:

SWS - Southwest Area, McGrath
MSS - Mat-Su Area, Palmer
CRS - Valdez-Copper River Area, Glennallen
TAS - Tok Area, Tok
DAS - Delta Area, Delta
FAS - Fairbanks Area, Fairbanks
KKS - Kenai-Kodiak Area, Soldotna

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STATE OF ALASKA (1) Hooper Bay #1

DIVISION of FORESTRY		PASSENGER and CARGO MANIFEST					
ORDERING UNIT OR ORDER NUMBER (2) AK-CRS-042		INCIDENT NAME (3) Glenn Fire			INCIDENT NUMBER (4) 73X14042		
NAME OF CARRIER (5) Hagelund		VEHICLE # AND TYPE (6) N732A			VEHICLE OPERATOR or AIRCRAFT PILOT NAME (7) Joe Pilot		
CHIEF OF PARTY (8) Boss Mann		REPORT TO (9)			IF DELAYED, CONTACT (10) CRS		
DEPARTURE PLACE		ETA	INTERMEDIATE STOPS PLACE		ETA	DESTINATION PLACE	
(11) HPB			(12) MCG			(13) GKN	
PASSENGER AND OR CARGO NAME		M	F	PASSENGER WEIGHT (17)	CARGO WEIGHT (18)	DUTY ASGMT. IF APPLICABLE (19)	HOME UNIT (20)
1.	(14) Boss Mann CB	X		220	42		
2.	Joe Friday SB	X		165	40		
3.	Henry Lake SB	X		160	43		
4.	William Irarraz SB	X		170	40		
5.	Joe Crew CM	X		185	42		
6.	Sandra Smith CM		X	125	42		
7.	Candy Clark CM		X	130	40		
8.	Colin McKenzie CM	X		140	41		
9.	Ben Prax CM	X		200	43		
10.	Leanna Williams CM		X	130	42		
11.	Amanda Copeland CM		X	140	40		
12.	AJ Pirrotta CM	X		165	41		
13.	Jeff Monck CM	X		210	42		
14.	John Bjunes CM	X		170	40		
15.	Dan Anderson CM	X		185	43		
16.	Larry Malimberg CM	X		165	43		
17.	Cindy Lands CREP		X				
18.							
19.							
20.							
21.							
22.							
SIGNATURE OF AUTHORIZED REPRESENTATIVE (21) Sally Mae House						DATE 05/01/0X	

10-3138 (3/87) Distribution: White - Retain in Book Yellow - Chief of Party Pink - Check in Recorder/Mail Goldenrod - Pilot or Driver

INSTRUCTIONS FOR PASSENGER AND CARGO MANIFEST

**ALASKA DEPARTMENT OF NATURAL RESOURCES
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Prepare a Passenger and Cargo Manifest (SOA form 10-3138, page 25) if personnel are to be transported away from the point of hire. Press firmly through all four layers.

Regardless of the mode of transportation for the crew, a manifest should be prepared. This document serves as an excellent tracking tool, and it provides for expedience in the event that transportation plans change.

1. Crew Name if applicable in the upper right hand corner.
2. Ordering unit or order number: Resource order number
3. Incident Name: Name of incident.
4. Incident Number: 8-digit state fire number
5. Name of Carrier: Use air transportation carriers name or ground transportation name (i.e.: Laidlaw, Evergreen).
6. Vehicle # and Type: Use tail number, license plate number, or equipment number.
7. Name of vehicle operator or aircraft pilot.
8. Chief of Party: Crew Boss or Crew Representative's name.
9. Report to: Leave blank.
10. If Delayed contact: Hiring dispatch office.
11. Departure Place: Airport or town party is leaving (use 3 letter designator).
12. Intermediate Stops: Aircraft only, refueling stops.
13. Destination Place: Final destination if possible.
- 14-20. Self-explanatory.
21. Signature of Authorized Representative: Must have a signature.
22. Date: Date when manifest is prepared.
23. Distribution: 4 copies (1 with crew, 1 forwarded to SLC or Area office, 1 retained by hiring official, 1 with aircraft pilot or bus driver)

**ALASKA DEPARTMENT OF NATURAL RESOURCES
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Request for EFF Nepotism Waiver

Date: 5/3/xx

In accordance with Division Policy, no person may be employed in an EFF position for the Division of Forestry who is the spouse of, or is in a conjugal relationship with, or related by blood or marriage within and including the second degree of kindred to, their immediate State supervisor,* or supervisor in the chain of command.

However, the Division of Forestry has determined a nepotism policy concerning EFF personnel is necessary for effective and efficient operations during emergency situations. Occasionally emergency employment of personnel related to a DNR Employee is necessary to expedite business associated with an emergency. Authority is requested to employ the individual listed below as a non-crew EFF. He/she will not be placed in any situation where a supervisor/subordinate relationship is inconsistent with Division policy with another classified State employee or another non-crew EFF.

EFF Non-crew Employee

<u>Jay Doe</u> Name	<u>Father</u> Relationship
<u>Nonalton</u> Location	<u>FFT 2</u> Position

Regular DNR State Employee or Non-crew EFF

<u>John Doe</u> Name	<u>Son</u> Relationship
<u>Nonalton</u> Location	<u>FFT 2</u> Title

Jay Doe was hired 5/1/xx, John Doe was hired 5/1/xx. There is no direct or indirect Supervision Between them. See Attached organizational Chart.
Additional information for Area Forester/MTM member consideration.

Approvals/Disapprovals

<u>5/3/xx</u> Date	<u>Wendy Dowl</u> Area Forester or Unit Supervisor **
-----------------------	--

Approval	Disapproval
<input checked="" type="checkbox"/>	<input type="checkbox"/>

<u>5/3/xx</u> Date	<u>Smoke E. Bear</u> DOF Management Team Member in Supervisory Chain
-----------------------	---

Approval	Disapproval
<input checked="" type="checkbox"/>	<input type="checkbox"/>

1. Get prior verbal approval from the Area Forester or Unit Supervisor before hiring. Any hire is contingent on final approval by a Management Team member within 3 days of the original hire.
2. Get written approval from the Area Forester or Unit Supervisor.
3. Forward waiver to the Regional Admin Officer with organizational chart attached.
4. The waiver will then be submitted for review and final approval or denial by the DOF Management Team member in the Supervisory Chain within 3 days of the hire.
5. Regional Admin Officer or Regional Forester will notify the Area/Unit if the EFF won't be retained, and the EFF will terminate work immediately.

*State supervisor is defined as a permanent classified employee of the State.

**Unit supervisors are the Regional Admin Officer, Regional FMO, Aviation Supervisor, Fire Support Forester, etc.

Revised 03/2011

**ALASKA DEPARTMENT OF NATURAL RESOURCES
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STATE OF ALASKA

QUALIFICATION INQUIRY - FIREARM POSSESSION

The position for which you are being considered for appointment, PCN 10 - _____, has been identified as one for which the State of Alaska, as the employer, requires or permits you to possess or use ammunition or a firearm in the course of your employment. Therefore, you are required to complete this Qualification Inquiry - Firearm Possession form before a job offer can be made.

In completing this form, you are advised of the following:

- a) The purpose is to obtain information that will assist in the determination of whether you are eligible for appointment to this specific position.
- b) You are directed to complete this form. You will be considered "not interested" in the position if you do not complete the form. If you are appointed to the position, disciplinary action, up to and including dismissal, may be taken if you fail to reply fully and truthfully.
- c) Neither your answers nor any evidence gained by reason of your answers can be used against you in any criminal prosecution for a violation of Title 18, United States Code, Section 922(g)(9). However, the answers you furnish and any information or evidence resulting there for may be used against you in a prosecution for knowingly and willfully providing false statements or information, and in the course of disciplinary action.

1. Have you ever been convicted of a misdemeanor crime of domestic violence within the meaning of 18 U.S.C., Sec. 921(a)(33)(A)?

Yes _____ No _____

Today's Date: _____

If your answer to this question is "No" you do not need to provide the information in item 2. You must, however, sign this form certifying that it is true and complete and that, if the position is offered and accepted, you will report any future conviction of a misdemeanor crime of domestic violence within the meaning of 18 U.S.C., Sec. 921(a)(33)(A), and deliver it to the interviewer.

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QUALIFICATION INQUIRY - FIREARM POSSESSION (CONTINUED)

2. If your answer to question number 1 is "Yes", provide the following information with respect to the conviction(s):

Court/Jurisdiction _____

Docket/Case Number _____

Statute _____

Charge _____

Date Sentenced _____

.....

I hereby certify that all the information provided by me is true, correct, complete, and made in good faith. I understand that false, misleading, or incomplete information provided herein may be grounds for disciplinary action, up to and including dismissal, and is also punishable pursuant to federal law, including 18 U.S.C., Sec. 1001, and under Alaska State law as unsworn falsification (AS 11.56.210). I agree that, if the position is offered and accepted, I will immediately report any future conviction of a misdemeanor crime of domestic violence within the meaning of 18 U.S.C., Sec. 921(a)(33)(A) to my supervisor. I understand that failure to provide such a report is grounds for disciplinary action, up to and including dismissal.

Name (Print or type)

Signature

Date

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**Select Portions of
Title 18 United States Code**

18 U.A.C., Sec. 921 (a) (33) (A)... the term “misdemeanor crime of domestic violence” means an offense that-

- (i) is a misdemeanor under the Federal or State law, and
- (ii) has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.

(B)(i)A person shall not be considered to have been convicted of such an offense for the purpose of this chapter, unless-

- (I) the person was represented by counsel in the case, or knowingly and intelligently waived the right to counsel in the case; and
- (II) in the case of a prosecution for an offense described in this paragraph for which a person was entitled to a jury trial in the jurisdiction in which the case was tried, either
 - (aa) the case was tried by a jury, or
 - (bb) the person knowingly and intelligently waived the right to have the case tried by a jury, by guilty plea or otherwise.
- (i) A person shall not be considered to have been convicted of such an offense for the purpose of this chapter of the conviction was expunged or set aside, or is an offense for which the person has been pardoned or has had civil rights restored (if the law of the applicable jurisdiction provides for the loss of civil rights under such an offense) unless the pardon, expungement, or restoration of civil rights expressly provides that the person may not ship transport, posses, or receive firearms.

18 U.A.C., Sec. 922(d) It shall be unlawful for any person to sell or otherwise dispose of any firearm or ammunition to any person knowing or having reasonable cause to believe that such person –

....

(9) has been convicted in any court of a misdemeanor crime of domestic violence.

18 U.A.C., Sec. 922(g) It shall be unlawful for any person-

....

(9) who has been convicted in any court of a misdemeanor crime of domestic violence, to ship or transport in interstate or foreign commerce, or possess in or affecting commerce, any firearm or ammunition; or to receive any firearm or ammunition which has been shipped or transported in interstate or foreign commerce.

18 U.A.C., Sec. 925(a) (1) The provisions of this chapter, except for sections 922(d)(9) and 922(g)(9) and provisions relating to firearms subject to the prohibitions of section 922(p), shall not apply with respect to the transportation, shipment, receipt, possession, or importation of any firearm or ammunition imported for, sold or shipped to, or issued for the use of, the United States or any department or agency thereof or any State or any department, agency, or political subdivision thereof.

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